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ON

THE INCUBATION OF INSANITY.

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"Principiis obsta : sero medicina paratur,
Cum mala per longas convaluere moras."—OVID.

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THE following essay on the "Incubation of Insanity," was read at the London Medical Society. It constitutes but an outline of this highly interesting branch of inquiry. It was impossible (without greatly encroaching upon the time usually appropriated to the discussion of communications submitted to the Society,) to enter into any minute details in connection with this subject. The paper is printed, with a few slight alterations, as it was read. The Author feels that he has only approached the confines of the important matter which he has, in the following pages, attempted to elucidate.

ON THE
INCUBATION OF INSANITY.

BY
FORBES WINSLOW, M.D.

(FROM THE TRANSACTIONS OF THE MEDICAL SOCIETY OF LONDON FOR 1845.)

No one who has made himself acquainted with the extensive improvements which have taken place within the last few years in mental pathology, will call in question the absolute necessity of investigating the disorders of the mind during the period of their incubation. Notwithstanding the vast and obvious importance of the study, it is but within a very recent period, that any enlightened approach has been made to sound pathological views of the condition of the brain and nervous system during this melancholy inroad upon its recognized functions. It must be admitted, that our knowledge of the mind, in its healthy as well as its disordered state, is but in its infancy. How far better at once to admit our ignorance, than by an arrogant assumption of knowledge to peril the life of a fellow creature, and retard the progress of scientific investigation. The inquiry is one, from its very nature, of admitted difficulty. Into a consideration of the causes of such difficulty, it is not my intention now to enter. That we know little or nothing of the nature of that peculiar change which the mind undergoes when in a state of derangement, all men of candour and experience must admit. Let those who feel sceptical on this point, only visit any of our large public or private lunatic asylums. In traversing their wards, how humiliating must be our reflections? how bitterly must we deplore the imperfections of our art? Here, we behold thousands of the human species, shut out, perhaps for ever, from all intercourse with human kind,—severed from those most nearly and tenderly allied to them; deprived of all social and civil rights; compelled day and night to herd with individuals reduced to their own sad and melancholy condition.

As we wend our way through these ‘charnel houses of the mind,’ the questions frequently asked by those not aware of the limited nature of our knowledge, are—‘Can nothing be done for these poor creatures? Are there no means by which the mind may be roused from its state of torpor? Are they for ever to be immured in these receptacles of misery and wretchedness, without a prospect of being restored once more to health, and to the pleasure of social life?’ Truth dictates the reply—Not a ray of hope can penetrate their gloomy solitude—those

“Regions of sorrow! doleful shades!
Where hope ne’er comes.”

In this state of seclusion they must linger out their painful existence, until death brings it to a happy termination, and extinguishes a life of bitterness, the acuteness of which can only be appreciated by those upon whom the hand of Providence has lain so heavily. ‘What!’ exclaims the visitor—“have you not among your greatly extolled medicinal agents one of sufficient potency to recal back to health the deluded fancy—to allay the fury of the maniacal paroxysm—to restore the mind to a healthy equilibrium?’ We are compelled to reply we have it not, when the disease has been of long duration.

Is this disease then incurable? is the natural interrogatory. Have we no means of staying its progress? None, I repeat, when it is allowed to pass beyond a certain boundary. My opinion is only confirmed by the experience of those whose sphere of observation may have been more extended than my own with respect to the impossibility of curing insanity in its advanced stage. Occasionally, but how rare is the occurrence! a mind which has been for a long time a blank, for years a mere wreck, has been almost miraculously restored, by a persevering use of means calculated to invigorate and improve the general health; but our pride is mortified when we find, that the best directed efforts, most assiduously applied, are of little or no avail in many chronic forms of this disease. From

day to day, week to week, month to month, and from year to year, we make the same persevering efforts, with the same lamentable results. To what, then, are we to attribute this fact? I have no hesitation in asserting, that a large proportion of the 8,736 incurable lunatics confined in the asylums of England and Wales, are reduced to this melancholy state by the neglect to which they were subjected in the incipient stage of the malady. I say this advisedly. It is not a mere notion, based upon theoretical speculation, nor founded upon the abstractions of the closet, but is grounded upon the experience of many years, during which I have had constant opportunities of seeing numerous cases of this malady, in all its varied forms and complications. According to the last official return of the Metropolitan Commissioners of Lunacy, there were in the whole of England and Wales, confined in asylums, 11,272 insane patients. Of this number there were returned as curable 2,519, and as incurable 8,736—how frightful a proportion! and yet such a result was *à priori* to be expected. To what circumstances are we to attribute this incurability of insanity? I reply—to the ignorance which generally prevailed with regard to its pathology.

It is only very recently that we find medical writers admitting that insanity is but the *effect* of physical derangement,—but a *symptom* of disease. It was commonly supposed to be an affection of the spiritual or intellectual principle, abstracted from the material organization. The mind literally was supposed to be diseased. He who was so bold as to deny this dogma of the schools, and assert that the derangement of the mind was but a sign of some physical derangement going on in the brain or some distant part of the body, affecting sympathetically the material organ of thought, was held up to public scorn, as inculcating notions calculated to overturn every thing that was orthodox in theology and in medicine. The notion, therefore, that insanity was unconnected altogether, or but slightly associated, with bodily disease, naturally

had the effect of inducing medical men to sleep at the post of duty, and little if any thing was done to crush the malady, either in its early or advanced stages. A spiritual malady required for its removal spiritual remedies, and accordingly the priest, not the physician, was summoned to the bed-side of the patient.

But, independently of this, insanity was considered to cast a stigma, a disgrace upon the family among whom it made its appearance; everything, therefore, was done to conceal its existence from observation, no attempt being made to carry into effect an efficient plan of treatment. In many cases the skill of the physician was not made available until the disease had been of long duration, and then it was too late to adopt vigorous measures for its subjugation. This led to the belief in the incurability of the malady.

Again, the attempts which have been frequently made to frame a satisfactory definition or establish an infallible, unerring psychological test or standard of insanity, have all tended to mislead us as to the true pathological condition of the brain, and to withdraw our attention from the study of the most important stage of the malady. Each medical man had formed his own peculiar notion of what constituted insanity; and no person was believed to be deranged until he came up to this preconceived standard—consequently the period of incubation was entirely overlooked.

With regard to the treatment of mental derangement, it is now a well-established axiom, that the probability of recovery lessens in a direct ratio to the length of time that is allowed to intervene between the first onset of the disease, and its being brought under the influence of therapeutic agents. An overwhelming mass of statistical data places this matter beyond the possibility of doubt. Incipient insanity, provided it be not the result of severe physical injury to the head, or has not a congenital origin, or is not associated with a strong hereditary predisposition, yields as readily to treatment as incipient inflammation, or other ordinary diseases with which we

have daily to combat. It is established by the evidence of experienced men, that nine cases of insanity out of ten recover, if placed under treatment within three months after the attack. Andral considered insanity almost hopeless, if of two years' duration.

Pinel, in a paper on this subject read before the National Institute of France, stated that the greatest number of recoveries from madness take place in the first month of its duration. Were it necessary further to establish the fact of the curability of insanity in its premonitory stage, and its incurability after the period of incubation has been permitted to pass either unobserved, or before the patient has been subjected to proper medical treatment, I could refer to a host of authorities, whose combined evidence would at once set the question at rest. On this point I shall merely quote a passage from a recently published report of the Massachusetts State Hospital for the treatment of the insane.

In that report, Dr. Woodward observed, when speaking of the importance of early treatment ; " There are not half-a-dozen cases in the hospital, that entered it as recent cases, which have failed to recover, and have become incurable and hopeless ; and most of these cases which were incurable were complicated with apoplexy, palsy, and such general prostration of strength, as to render them hopeless." " I think," continues Dr. Woodward, " it is not too much to assume, that insanity, in its incipient form, unconnected with such complications, is more curable than any other disease of equal severity ; more likely to be cured than intermittent fever, pneumonia, or rheumatism."

In its primary stage, insanity is but slightly associated with lesions of nervous structure. It manifests itself as (what is understood to be) a purely functional derangement,—no doubt, in every case connected with some physical impairment. This stage is often of considerable duration ; but if the disease be permitted to exist for any length of time without an attempt being made for its removal, serious organic changes take place in the delicate structure of the brain, which for ever

places the patient beyond the reach of remedial measures. Viewing this subject as practical men, we can have no difficulty in admitting that it is possible for a person to be *pathologically* insane, who ought not to be considered as *legally* mad. For the ends of justice, it may not be prudent to acknowledge the existence of insanity, until the mental delusion has attained a certain and well-defined amount of development.

Having premised these general observations on the subject of insanity, it is my purpose to adhere as closely as possible to the following order:—I shall endeavour to point out—

1st. The urgent necessity of attending to the early signs and symptoms of disordered mind.

2nd. The analogy between affections of the brain and its disordered manifestations, and other diseases of the body.

3rd. The danger of confounding singularity and eccentricity with that departure from sound mental health, which is the consequence of physical disease. I shall then consider—

4th. The duration of the period of incubation, together with its characteristic symptoms, which latter I shall divide into—

1st. The stage of consciousness.

2nd. That of diseased volition.

3rd. Stage of moral incoherency.

And the symptoms themselves into—

1st. The mental symptoms.

2nd. Physical symptoms.

And the treatment into—

Mental treatment, and physical treatment.

Of the importance of attending to the early symptoms of alienation of mind I have already expressed my sentiments at some length. What has been said on this subject will be further confirmed, by the analogy subsisting between affections of the brain and its disordered manifestations, and other diseases of the body. If we are to investigate the disease of the brain now under consideration as pathologists, and to treat this organ and its

affections according to the recognized principles of therapeutics, we must assume that the mind is diseased in its earliest and incipient, as well as in its advanced, stage. In the disease of the liver, heart, and lungs, how important it is to detect the first indication of a departure from health ! The slightest alteration in the character of the respiration,—the first appearance of cough and pain in the chest, attract our observation, and if, upon examination, we conclude that the patient is labouring under the incipient symptoms of pneumonic inflammation, we immediately have recourse to remedies which we know, by experience, are beneficial, in removing inflammatory conditions of the lungs.

In affections of this organ we do not, as we are disposed to act in the diseases of the brain, disordering the manifestations of the mind, refuse to admit the existence of any derangement requiring serious consideration, until it is fully developed ; we endeavour to crush the malady in its outset. Such ought to be our mode of procedure in the early period of cerebral affections. Insanity, whatever may be the *degree* of its development, is invariably but the *effect* of some disordered condition of the sensorium ; it is but the consequence of physical derangement, acting primarily or secondarily on the brain, and interfering with the healthy manifestations of the mind.

In considering this subject, we must dismiss all preconceived notions based upon legal assumptions. If we tie ourselves down to a legal definition of insanity,—to a metaphysical abstraction, or take a *nisi prius* view of the subject, we at once close our eyes to a medical truth, of the highest importance to the happiness and well-being of the human race. It may be asked what, in my opinion, constitutes insanity, and wherein does it differ from other diseases ? I readily admit my inability to frame a definition, which will embody within its grasp all the varieties of this singular malady, or which would be useful if applied as a test, in every case of mental derangement. We might, with equal propriety, attempt to define the colours, red, yellow, blue, orange, or any other abstract quality. I can pro-

nounce an opinion, as to the existence of insanity, when I perceive its manifestations in any individual case; but I cannot define it. I take it for granted, that every experienced man is able to detect the presence of mental derangement, in any case that may be brought under his consideration. I think we can have but little disagreement upon this point. With regard to the second question, it is now generally admitted, that mental affections, or what are considered as such, obey the same physiological and pathological laws that regulate those maladies which have their seat in other organic structures.

There are in this class of affections, as it has been well observed, the same periods of incubation; "the same premonitory symptoms of disease; the same transient derangement of function; the same characteristic march of fully formed disease; the same advance and decline, marked, as in other maladies, not by constant progression, but by occasional advances and retrocessions, the one being greater than the other, according as the malady is losing its hold, or narrowing its grasp, upon the system, and always being marked by this one feature,—that, in the former case, the entire ground gained is never wholly lost, and in the latter, the entire ground lost is never wholly regained." It is important, therefore, to bear this fact constantly in mind, if it be our wish to investigate, and treat scientifically, the diseases of the brain and its disordered functions. The attempts which have been, unfortunately, made, to throw around this class of affections an air of mystery and superstition, have greatly retarded the progress of sound pathological knowledge.

Having, I hope, established the paramount importance of attending to the disorders of the mind, during the period of incubation,—of watching, with a vigilant eye, for the early *scintillæ* of insanity,—for the faintest glimmer of this terrible malady, I shall now proceed to point out its early signs; but before, however, attempting to form an estimate of the presence of insanity, we should be careful not to confound natural singularity and eccentricity with that departure from

sound mental health, which is clearly the consequence of physical disease of the brain and nervous system. It does not necessarily follow that, because a person is wayward and capricious in his affections,—eccentric in his habits,—brusque in his manners,—vicious in his propensities,—subject to violent paroxysms of passion,—fond of solitude,—intemperate,—disposed to be suspicious of his nearest and dearest relations and friends,—that, *therefore*, he is insane. These may be the natural characteristics of his mind. How, then, are we to judge of the existence of mental derangement? We have, unfortunately, no infallible test or standard of mental unsoundness, on which we can with safety and confidence rely.

As a general principle, we must be guided in our opinion, by instituting a comparison between the manifestations which prevail at the time when the mind is supposed to be disordered, and the previous mental condition of the individual in its natural and habitual state. We must never forget, that what would be good evidence of insanity in one case, would be unworthy of our consideration if exhibited in connection with another. The late Dr. Haslam's suggestion would not obviate the difficulty. This eminent and distinguished man proposed that the mind of the physician should be, in these cases, the test and standard of comparison. This, however, would be assuming the physician's own mind to be sound. If a man naturally and constitutionally disposed to be provident should suddenly fall into habits of extravagance,—if a person, remarkable for mildness and equanimity of temper, should, without great provocation, become subject to fits of violent passion,—if the naturally virtuous man takes a pleasure in vicious gratifications,—the kind, attentive father and husband, without any adequate cause, neglects his family,—if the man who had always been remarkable for his probity, amenity of manner, his attention to business, should suddenly manifest tendencies of an opposite character,—then I maintain that these deviations, if of any considerable duration, and if accompanied by an obvious and appreciable impairment of the bodily health, are valuable beacons to guide us in the

formation of a sound opinion respecting the mental state of the individual.

In forming our estimate, we should also remember that insanity is often but an exaggeration or exaltation of the natural mental characteristics of the person who is the subject of the disease. For example;—if an individual constitutionally disposed to be suspicious, and that, too, of those closely related to him, should become insane, this prominent feature in his character would most probably be morbidly affected, and as a consequence he would manifest this quality of mind in an aggravated form. Instead of being merely disposed to doubt the sincerity of those who could have no motive for deceiving him, or fancying persons to be his enemies who were most kindly in their intentions towards him, he would probably imagine that his wife, child, mother, or father, were leagued in a conspiracy against his life. He would also believe his food to be poisoned, and question the motive of every person who was disposed to do him an act of kindness.

Again,—if a person naturally haughty and proud in his disposition, being disposed to form extravagant notions of his own importance, station, dignity, character, and mental attainments, should be exposed to the influence of causes calculated to unhinge the mind, the individual in question would, in all probability, imagine himself to be our Saviour, or some person of rank and distinction endowed with brilliant talents. The man who had been in the habit of spouting successfully before a parish vestry would delude himself with the belief that he had the brilliant oratorical powers of a Burke, Sheridan, or a Canning. The man naturally inclined to exhibit an intense desire to know the unknown (this being the healthy function of the organ which the phrenologists term “wonder”), may, if he have veneration also large, when insane, exhibit exalted, extravagant, and inconsistent views on the subject of religion. These morbid conditions just referred to are only, as I have previously observed, exaggerated states of the natural characteristics of the mind. It should also never be for-

gotten, that the faculties of the mind may be depressed and vitiated as well as exalted, but into this matter it is not my purpose now to enter. A distinguished living physician has justly observed, that the "medical man will never be secure from error if he forgets that insanity is often but a mere aggravation of little weaknessess, or a prolongation of transient varieties and moods of mind, which all men now and then experience; an exaggeration of common passions and emotions, such as fear, suspicion, admiration, or a perpetuation of absurdities of thought and action, or of irregularities of volition, or of mere sensation, which may occur in all minds, and be indulged in by all men, but which are cherished and dwelt upon only by a mind diseased."*

With reference to the average period of incubation, my experience accords with that of Esquirol and other distinguished Continental and British psychological authorities, who have maintained that this stage may last for months, and even for years, before the explosion takes place. Pinel has related the history of a case in which the disease must have been in this stage for no less a period than fifteen years! I have often been consulted by patients who have voluntarily confessed to me that for some considerable time they have heroically struggled against the encroachments of this disorder, and this contest has been carefully concealed from those most nearly related to, and associated with them. The duration of this premonitory stage must of course greatly depend upon the intensity of the exciting cause, and the strength of the predisposition.

I now proceed to consider what I have designated the stage of consciousness. As far as I can ascertain from the confession of patients, from an attentive examination of the numerous cases which have come under my observation, and from a careful investigation of the history of other individuals, I am induced to believe that for a long period prior to the actual

* Dr. Conolly.

development of insanity, the patient is conscious of the existence of cerebral disorder, and of a deviation from mental health. While this stage lasts, an endeavour is frequently made to conquer the morbid feelings, impulses, and impressions, which bid fair to obtain an undue ascendancy in the mind. This combat is frequently successful, and the individual oftentimes obtains a complete mastery over these incipient symptoms of derangement, no person, but the unhappy patient, being aware of the painful contest which has been going on in his mind. Of the existence of this stage in the majority of cases I feel perfectly assured; in fact, no medical man will doubt the truth of this proposition when he calls to mind the generally admitted axiom, that no class of affections are more slow or insidious in their origin and progress than those associated with a morbid condition of the brain and nervous system. During the stage of consciousness the friends of the patient sometimes perceive an alteration in his manner or temper, but these changes are seldom attributed to their proper cause,—cerebral irritation. In by far the greater number of instances no notice is taken of this morbid state of feeling, and the disease is allowed to proceed uninterruptedly in its course, the patient either conquering these abnormal conditions of mind and recovering, or verging into clear, undoubted, and obvious insanity.

It may be difficult in some cases, when the disease is apparently suddenly developed, to establish the existence of this stage; but even in instances of this kind, when insanity has manifested itself without the ordinary premonitory signs, we generally discover that the patients have for some time suffered from depression of spirits, impulses to destroy, fondness for solitude, and other deviations from sound mind, conjoined generally with derangement of the liver, stomach, and bowels. I have now under my care two patients whose insanity was supposed to have developed itself suddenly; one lady whilst at dinner with her family, without giving any previous evidence of the malady, burst out into a violent fit of laughter, and from

that moment became furiously maniacal. The other patient made a spring for the window, for the purpose of throwing herself out,—this she was prevented from doing; but immediately after having made this attempt upon her life she exhibited symptoms of insanity. Upon instituting a rigid inquiry into the history of these cases, I ascertained that in both of them the disorder of the mind had been well marked for weeks previously, but it was not considered necessary to make it a subject of special consideration.

In cases of insanity accompanied by suicidal impulse, the stage referred to can usually be detected, but, alas! how seldom is it noticed until after an attempt, and often an effectual one, has been made upon the life! Reports of coroners' inquests, which daily appear in the ordinary channels of communication, contain ample evidence of this fact. It is almost invariably stated that the party who committed suicide had for some time previously been much depressed in spirits,—had exhibited an irritability of temper,—that his habits had become changed,—that he had neglected his ordinary duties, and had been apprehensive of some approaching calamity. Yet these well-marked symptoms of cerebral disease had passed unobserved, nothing being done to save the individual from the fearful abyss into which he was about to be precipitated!

The precursory symptoms of insanity must of course be modified by the peculiar temperament and idiosyncrasy of the individual, as well as by the character of the exciting cause.

Following the stage of consciousness, we have that of weakened volition. We will imagine a person who has been exposed to some reverse of fortune, or who has obtained a sudden accession of wealth. In the former instance the individual may have been bereaved by the death of one indissolubly linked with every hope of happiness which his imagination has pictured, and around whom the dearest and fondest tendrils of his heart have entwined themselves. At first the mind appears to feel a pleasurable emotion in dwelling upon the lineaments of the form he loved, although that plea-

sure cannot but be mingled with the most agonizing and painful sensations. This state of mind cannot exist for any considerable period without producing, in those hereditarily predisposed to insanity, manifest indications of mental impairment. If the mind be allowed to dwell upon the great loss which it has sustained, without an effort being made to rouse it from its torpid condition, strange, unnatural fancies crowd upon the imagination. Conscious of the existence of these ideal creations, the individual may make an effort to dismiss them from his mind, and for a time he may succeed. The power of volition at last becomes lessened in strength, until all efforts to control the train of thought cease, and the individual abandons himself to the predominant morbid idea.

The early stage of insanity has been justly denominated the stage of moral incoherency. I am disposed to believe that in almost every case the moral faculties are the first to be implicated in the disorder, the intellectual insanity being but an advanced stage of the moral disease.

Among the earliest signs of approaching insanity is an alteration in the affections, the aversion being frequently in the direct ratio with the former attachment, the excess of which often, as Dr. Winslow remarks, leading to horrible manifestations of excess. This is one of the most peculiar symptoms of incipient puerperal insanity, and may be noticed in some cases even prior to delivery, or to that period when the system receives the shock which is supposed to develop the malady. In these cases the patient exhibits a strong and unconquerable dislike to her husband and infant, and to such an excess does she sometimes carry this feeling, that an attempt is often made by the patient to destroy her offspring. This tendency to take dislikes and aversions, is not, as Dr. Conolly observes, confined to individuals. He refers to a case in which the patient, at the commencement of mania, complained of the difficulty he experienced in guarding against dislike to particular parts of a room, or of a house, or of particular articles of furniture and dress. As the malady progresses, the patient manifests an

extreme degree of restlessness; the power of volition being weakened, he is unable to concentrate his thoughts on any subject. If he tries to read he turns over leaf after leaf without apparently taking any interest in what he is engaged in. In fact he finds himself unable to understand the most simple process of reasoning. A person so affected will be seen to read and re-read a passage, endeavouring in vain to understand a most self-evident proposition. As an effect of this loss of power over the faculty of attention, the memory becomes less retentive, and is often entirely destroyed. With these symptoms the patient's mind is harassed with the apprehension that he is going mad; he has a nervous dread of some impending calamity; and is disposed to utter strange imprecations—to curse himself as well as others, without having any motive for doing so. A gentleman who recently consulted me in this state of mind, declared that he suffered much misery, and that in order to relieve his brain of the weight pressing upon it, he was tempted one day, whilst crossing London Bridge, to curse the Almighty. The recollection of this circumstance added greatly to the acuteness of his subsequent mental sufferings. A person in this stage of insanity wrote the following letter to a friend:—"Such a state as mine you are probably unacquainted with, notwithstanding all your experience; I am not conscious of a suspension or decay of any of the powers of my mind. I am as well able as ever I was to attend to my business. My family suppose me in health, yet the horrors of a mad-house are staring me in the face. I am a martyr to a species of persecution from within, which is becoming intolerable; I am urged to say the most shocking things; blasphemous and obscene words are ever on the tip of my tongue. Hitherto, thank God! I have been able to resist, but I often think I must yield at last; and then I shall be disgraced for ever, and ruined. I solemnly assure you that I hear a voice which seems to be within me, prompting me to utter what I would turn from with disgust if uttered by another. If I were not afraid that you would smile, I should say that there

is no way of accounting for these extraordinary articulate whisperings but by supposing that an evil spirit has obtained possession of me for a time. My state is so wretched that, compared with what I suffer, pain and sickness would appear but trifling evils."

In this stage of cerebral disease the patient manifests an earnestness about, and a disposition to magnify trifles,—to be inordinately depressed or elated by circumstances and feelings, which would produce no effect on a properly balanced and well regulated mind. This is often followed by an excessive sensibility to impressions. The patient neglects his ordinary business, avoids the society of those with whom he has always associated—becomes suddenly extravagant in his habits—is subject to violent fits of passion—quarrels with his best friends about the most insignificant matters—becomes without any cause extremely jealous, and manifests a peevishness of temper and impatience of contradiction; he has either a very exalted or low estimate of his own self-importance.

The peculiar restlessness which the patient manifests I have already referred to; it is one of the striking characteristics of incipient insanity, the patient appearing to realize the conceptions of the poet—

"I would not, if I could, be blest,
I want no other paradise but REST."

A patient not higher in rank than a keeper of a small country inn, and who was in the habit of consulting Dr. Conolly when he found his melancholy fits approaching, used at such times to complain of insufferable restlessness, without relief by day or night, and striking his hand on his forehead, would express his misery by saying, with all the energy of morbid excitement, "I am overwhelmed with a *sea* of thoughts." The natural disposition of the individual often undergoes a complete change. "If," as Gorget says, "he was moderate in his political and religious opinions, he passes to an extreme exaggeration in both; if he was open and candid, he becomes suspicious

and jealous ; if a wife, she regards with indifference her husband and children ; the merchant neglects his business ; tears and laughter succeed each other without any apparent motive."

"High spirits," says Dr. Monro, in his reply to Dr. Battie, "are often the first symptoms of insanity. This excites a man to take larger quantities of wine than usual, and the person thus afflicted, from being abstemious, reserved, and modest, shall become quite the contrary—drinks freely, talks loudly, obscenely, swears, sits up till midnight, sleeps little, rises suddenly from his bed, goes out hunting, returns home immediately, sets all his servants to work, and employs five times the number that are necessary ; in short, everything he says and does betrays the most violent agitation of mind, and yet in the midst of all this hurry he will not misplace one word. They who see him seldom, admire his vivacity, are pleased with his sallies of wit, and the sagacity of his remarks ; nay, his own family are with difficulty persuaded to take proper care of him, until it becomes necessary to do so, in order to save him from total ruin."

This is a graphic picture of the early symptoms of many cases of mental derangement. In this condition of mind, the patient frequently exhibits an unnatural brilliancy of imagination : old impressions are suddenly revived ; he appears to have a vivid conception of past scenes. Extreme depression of spirits may be the first manifest sign of approaching derangement. This may be, and often is, attended with a disposition to suicide. The patient becomes extremely abstracted, and sits moping for hours by himself, taking little or no notice or interest in passing events. His mind is occupied in the contemplation of gloomy fancies. In many instances, at the commencement of insanity, the individual has every appearance of being intoxicated. In fact, when requested to examine such a patient, we are frequently compelled to ask ourselves the question, Is he drunk or mad ? and like a man slightly intoxicated, he will make an effort to control his morbid train of thought, and may, perhaps, succeed for a short period in effecting his

purpose ; but very soon he relapses into his former condition, one idea following another, without any reference to the laws of healthy association.

“I have frequently known,” observes Dr. Cheyne, “a paroxysm of insanity commence as follows :—There was exhibited a great passion for writing ; the patient could no longer spell correctly, but was engaged in writing with the air of one who has the most important business to transact ; perhaps a few lines written diagonally, corresponding in number, occupied the corner of the paper, and then the centre of it was filled up with words in the form of lozenges, crosses, triangles meeting at the right angles, and so on, displaying a fantastic taste for an orderly disposition of words, the *litera scripta* being unintelligible and incoherent, even when there was every appearance of the most studious finish !”

The patient, in this stage of the malady, often complains either of an *illusion* or hallucination,—is troubled with frightful dreams. In combination with these mental indications are certain physical signs that I shall but briefly detail. To the head we, of course, naturally first direct our attention. The patient often complains of pain in this region, but the feeling in the head is generally that of lightness, or tightness, or a sense of constriction across the forehead. Frequently, upon an attentive examination, we may discover an increase in the temperature of the scalp ; but it should never be forgotten, not only in examining into the state of the head, but of other organs, that, very often, the patient, if questioned, will not admit that he is suffering from any physical disorder. Again, with regard to the head, we should recollect, that distress and anxiety of mind are, with reference to the brain, what pain is to the nerves of sensation, and that considerable disease may be going on in the cerebral substance, without giving any other indication of its presence than that of disturbed function. The patient complains of noise in his ears, flashes of light, has flushings of the face, giddiness : with these signs, a puffiness of the scalp has been noticed. The expression of the counte-

nance often undergoes a great alteration ; it is frequently that of extreme anxiety. A physician who has had much experience in these cases, has observed, that, in the commencement of insanity, the cornea has become more prominent, and the pupil contracted ; the patient is seen frequently to bite the nails and tips of his fingers. This is one of the peculiar symptoms of early derangement of mind. Long before the explosion takes place, he exhibits an inability to give expressions to the ideas passing through his mind ; his articulation is defective ; he has generally a clear conception of what he wishes to say ; but he is unable to give expression to his thoughts, often substituting one word for another.

In addition to these symptoms, the skin gives evidence of disease. It has an appearance of having been rubbed over by some greasy substance ; this is accompanied by a peculiar fetid or eutaneous exhalation, which symptom is very perceptible when the disease is in its advanced stage, and is generally indicative of organic and hopeless disease of brain. The eye, sometimes, appears unnaturally brilliant. The patient's walk is, also, sometimes very peculiar ; he is restless, and unable to sit for any reasonable time in one place ; he will rapidly pace up and down the room, as if desirous of throwing off from the system a redundancy of nervous irritability. This physical restlessness is peculiarly a symptom of a disturbed and uneasy mind. As the disease advances, the secretions become disordered. The liver is in a torpid condition ; the bowels are irregular in their action ; the menses suppressed ; the appetite is bad ; the skin is in an inactive state. Conjoined with these symptoms, the patient will complain of an inability to sleep : this sleeplessness I consider to be one of the most important and valuable signs in this stage of the malady.

The watchfulness, which is characteristic of cerebral disease, is very different in its nature and effects from that which results from other causes. When sleeplessness is the consequence of that peculiar morbid state of the brain which is precursory of insanity, the individual will seldom or ever complain

of the want of sleep, or of experiencing any of those feelings of exhaustion which generally result from broken rest. He does not appear fatigued. He rises from his sleepless couch, active and energetic both in mind and body. This is not so, however, in ordinary cases of sleeplessness, when the mind has been kept in an excited and wakeful condition by some temporary cause.

When requested to give advice in these cases, one of my earliest questions is, "Do you sleep at night?" Almost uniformly the reply is, "I have little or no rest." "Do you feel the want of sleep?" "Not in the slightest degree; I could exist for weeks without it!"

This inability to sleep is a symptom which ought never to escape careful observation; I consider it one of the most valuable indications we possess of approaching insanity: it has never yet deceived me. Whenever I see this state of watchfulness by night, and restlessness by day, I feel that not another moment is to be lost. The pulse is the pulse of excitement; it is sometimes quick, and then the reverse. In incipient insanity it is an uncertain sign. All these symptoms are frequently combined with costiveness, and gastric and hepatic derangement. I am disposed fully to concur in the opinion of a great authority, that no cause of insanity is more common than that of habitual insidious irritation of the stomach and intestines, which has been overlooked.* We must, therefore, in these cases, expect to find considerable chronic disease of the digestive organs.

I have thus concisely mentioned the principal mental and physical indications of insanity during the period of incubation. Of course these manifestations are not merely symptomatic of the coming on of madness, but may continue in an aggravated form during the whole course of the malady. The value of these symbols of incipient cerebral mischief is often not sufficiently, if at all, estimated, until it is too late to repair the injury done. The storm has come on; we have neglected to take the necessary precautions against the threatened hurri-

* Dr. Conolly.

came, and the consequence is inevitable and irreparable loss—not of life, but of all that made life desirable ! and then, as Dr. Burrows observes, “ comes the bitterness of self-accusation, and the uneasing regrets of the near connexions of the lunatic, because they have persevered in their wilful blindness till the calamity they deprecated has occurred.”

No greater boon could be conferred upon society than by making generally known the incipient symptoms of this disease. “ If,” says Dr. Combe, “ an acquaintance with the philosophy of mind were common among educated persons, and the patient had confidence enough in the knowledge and discretion of his friends to reveal to them the first approach he felt of his losing command of his own faculties, the development of insanity might often be prevented ; and in fact, its attacks are in many instances just so many punishments for our ignorance and neglect.”

Before we can expect patients voluntarily to confess that they are labouring under these premonitory indications of insanity, we must hold out to them some prospect of relief. This we can only effectually do by showing the fallacy of the popular notion of insanity being invariably a mental affliction unconnected with bodily disease.

With regard to the treatment of incipient insanity, I lay claim to no specific plan of cure—the disease must be grappled with upon general principles. No mode of treatment would, of course, be applicable to all cases. In the majority of instances in the early stage, particularly if the person be young and of robust habit, there will occasionally be found increased vascular action in the brain ; and when we are satisfied that such exists, both general and local bleeding may be beneficial. I have seen much benefit result from this mode of treatment ; but we cannot exercise too much caution in recommending the adoption of active depletion in cases of this kind, for I have witnessed the most lamentable effects result from this practice. As a general rule in these cases, we have excitement without power—the brain, pathologically considered, being in

a condition resembling that of delirium tremens. Should insanity manifest itself in a person young in life, with a plethoric constitution, or in women suffering from the suppression of some accustomed discharge, and should there be both local and general indications of considerable vascular action going on in the brain, accompanied by great pain of the head—throbbing of the carotids—quick pulse—intolerance of light—dry, hot skin—the vessels of the conjunctiva injected—the pupil contracted, then the antiphlogistic treatment is absolutely required; these are symptomatic of active disease going on in the brain, requiring active treatment for its removal. But we cannot be too guarded in our use of depletion. When the insanity is the effect of long-continued grief, accompanied by sleeplessness, mental anxiety, religious despondency; and is connected with physical disease of the abdominal viscera, or chronic indigestion, the patient will not bear active treatment. When the pulse is small and rapid, with extreme paleness of the countenance, indicating the presence of exhaustion, whatever may be the degree of maniacal violence, bleeding should never be resorted to. In such cases the functions of the brain are increased in force, while the circulation is depressed. Where bleeding is obviously inadmissible, the application of cold to the head will not only diminish vascular excitement, but lessen powerfully the morbid sensibility of the brain. In incipient insanity the persevering use of the warm bath, conjoined with the application of cold to the head, and the administration of small alterative doses of blue pill, are often extremely beneficial. The bowels, of course, should be attended to. We must, however, be cautious in the administration of purgatives, for in many of these cases the mucous membrane of the intestinal canal will be found to be in a state of sub-acute inflammation. When such is the case, the application of leeches and counter-irritants to the neighbourhood of the local affection, should precede the exhibition of aperient medicine.

Should bleeding be necessary, it ought to be followed by an

opiate. I have seen considerable benefit result, in cases of incipient insanity unaccompanied by increased vascular action in the brain, from the persevering use of opiates, conjoined with aperients and tonics. I have seen the disposition to suicide entirely removed by the exhibition of a full dose of morphia. Again, I have witnessed the same result from the local abstraction of blood from the head. Belladonna will also be found highly beneficial in cases of suicidal mania.

In insanity evidently dependent upon great nervous irritability, tonics, anti-spasmodics, henbane, opium, may all be administered with advantage.

I again repeat, that the practitioner must take into consideration the peculiarities of each individual case, and modify his treatment accordingly. I must leave the consideration of moral treatment for some other opportunity. An early separation from home is in many cases one of the most important elements in the treatment of this affection. In attacks of incipient insanity, before the reason is altogether overthrown, and whilst perfect consciousness remains, we should strongly impress upon the patient's mind the great importance of his making a resolute and persevering effort to conquer his morbid feelings. I have seen cases in which all the incipient signs of mental derangement have subsided by a powerful effort of the will. Much good may be effected by moral means, judiciously applied. I feel a difficulty in suggesting any particular course of moral treatment; much must be left to the judgment of the physician, who will, of course, take into consideration all the peculiar circumstances of each individual case, and prescribe accordingly.

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